Department of Social & Health Services, CSO Catchment Areas for Washington State, 1995.

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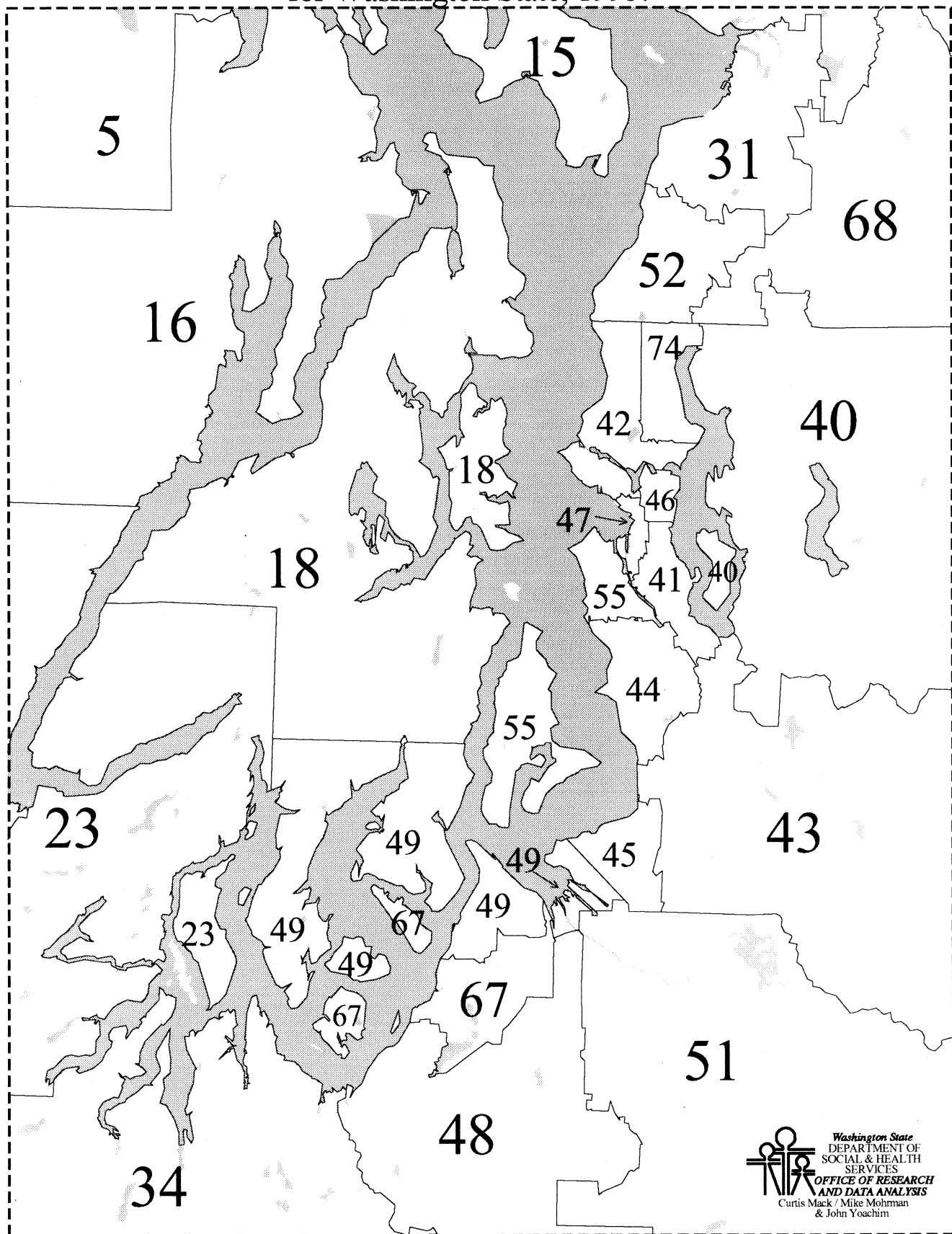
DSHS COMMUNITY SERVICES OFFICE DATA REPORT

FISCAL YEAR 1992

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Introduction and Summary

This report describes clients who were served by the Washington State Department of Social and Health Services (DSHS) from July 1991 through June 1992 (State Fiscal Year 1992 or FY92). The 1995 Washington State Community Services Office (CSO) catchment area boundaries are used. CSO boundaries usually follow county or ZIP boundaries. In areas where this is not the case, such as where a client may chose to go to one of two CSO's, the Office of Research and Data Analysis (ORDA) defined a reasonable boundary.

For each Community Services Office, both the number of clients in various DSHS programs and the direct service dollars spent on those clients are reported. In addition, the clients and dollars are reported by age groupings and by ethnicity. The service costs reported represent the direct benefits provided to clients or the cost of direct services provided to clients. In general, costs of eligibility determination, service delivery, administration, and prevention/education are **not** included. Please note that the terms *service* and *program* are used interchangeably in this report.

Clients, Programs and Divisions

The Department of Social and Health Services (DSHS) is an umbrella human service agency. It offers various services and grants to individuals and families who are eligible based upon having one or more of the following difficulties:

- Poverty

- Recent refugee status

- Long-lasting physical or mental disability, severe enough to affect the basic activities of daily life and/or create employment difficulties

- Severe chemical dependency and/or substance abuse

- Family stress which includes abuse or neglect of children and/or dependent adults

- Juvenile criminal adjudication

While DSHS is a single agency, it has multiple organizational units. Programs define a single service or several closely related services (e.g., outpatient treatment) to one set of clients (e.g., children). Seventy-six different programs are analyzed in this report.

DSHS programs are administered through a second level of organization called "divisions." A division administers multiple interrelated programs which are aimed at clients grouped according to specific problems, characteristics or needs. For example, the Division of Alcohol and Substance Abuse administers a number of programs (ADATSA Assessments, ADATSA Living Stipend, Detoxification, Methadone Treatment, Outpatient Treatment, Residential Treatment) to persons who are chemically dependent and have low to moderate incomes.

In this report, the Aging and Adult Services Administration (AASA) is treated as a division, even though it is (and was during FY92) organizationally defined as an "administration." This treatment reflects the fact that AASA's internal divisions support clients who are physically disabled, aging or frail with a set of interrelated community services (such as Chore Services and Personal Care) and with residential alternatives (such as nursing homes, adult family homes, and congregate care facilities), all coordinated through AASA Field Services. Similarly, the Medical Assistance Administration (MAA) is also treated as a division in this report.

Needs Assessment Database (NADB) Client Database

This report is based upon the Needs Assessment Database (NADB) Client Database for State Fiscal Year 1992. The NADB databases are constructed and maintained by ORDA; the first one was done for State Fiscal Year 1990 by the Needs Assessment Data Project (NADP). The NADB Client Database is constructed by combining extracts from existing DSHS automated administrative systems into a single client-centered database. No hand-processing of data or identities is undertaken. Therefore, the overall precision and comprehensiveness of the information depends upon the data recorded in the administrative systems.

The NADB Client Database is based on a relational design. It contains demographic, geographic, and service usage data for each client who used one or more of the programs covered during FY92. Information from 16 DSHS data sources was integrated to create this database. While multiple sources may record the same service, usually only one source was used to provide input into the NADB Client Database for that service.

The ten divisions covered, the types of client each division served, and the programs which are included in the NADB Client Database are described in the **DSHS Program Glossary** in this report. The NADB Client Database included 76 different programs, excluding programs which are not described on client automated databases available within the agency. For a listing of missing programs see **Services Not Included in the NADB Client Database** below. Appendices A through E contain important technical information about the NADB Client Database.

The programs contained in the NADB Client Database accounted for about 90% of the estimated DSHS clients statewide. The dollars spent serving those clients directly (excluding administration and service delivery costs as well as service costs for clients who were not in the NADB Client Database) accounted for about 80% of DSHS expenditures. In addition, the NADB Client Database also accounts for the value of federally funded foodstamps.

Questions this Report Can Answer Directly

Within each of 76 different DSHS programs and the ten divisions, the tables in this report answer the following questions directly for FY92. For example:

- **How many unduplicated clients from each CSO catchment area used each division and each program: overall, and by race/ethnicity and age group?**

    For the Aberdeen CSO, 430 clients used DASA services. Reading the table from left to right, 40 were less than 18 years old and 385 were ages 18 to 64; 380 were White, 45 American Indian, and 5 Hispanic.

- **How many total dollars were spent directly serving clients from each CSO catchment area for each division and each program: overall, and by race/ethnicity and age group?**

    For the Aberdeen CSO, a total of $172,000 was spent on DASA Residential Treatment, $33,000 for clients less than 18 years old and $140,000 on those ages 18 to 64; $147,000 on White clients, $5,000 on Black clients, $19,000 on American Indian clients, and $2,000 on Hispanic clients.

The sum of all clients in each division's programs will not equal the total clients in that division, since a single client may be served in several programs (hence the unduplicated divisional totals). However, it is possible to add clients across CSO catchment areas to get multi-CSO totals within a single program or division. (As noted later, individual client counts are rounded to the nearest multiple of five to provide some confidentiality.) Dollars can be summed across a division's programs and across divisions.

Questions this Report Can Answer Indirectly

The data presented in this report can be converted into several measures which can be used to answer additional questions. For example:

- **In a given CSO catchment area, how much money was spent on the average client in each client group?**

  Group A Per Client Cost = Group A Cost in CSO area /Group A Clients in CSO area

  Thus for the Aberdeen CSO:
  DIA Regular AFDC Per Client Cost = DIA Regular AFDC Cost / DIA Regular AFDC Clients

  $1,443.38 = $7,686,000 / 5,325

- **In a given CSO catchment area, what percentage of the total clients were in each client group?**

  *Group A Per Client Percent = 100 * Group A Clients in CSO area / Total Clients in CSO area*

  Thus for the Aberdeen CSO:
  *DIA Regular AFDC Client % = 100 * DIA Regular AFDC Clients / Total Clients*

  *43.03% = 100 * 5,325 / 12,375*

- **In a given CSO catchment area, what percentage of the total dollars spent were spent in each client group?**

  *Group A Service $'s Percent = 100 * Group A $'s CSO area / Total $'s in CSO area*

  Thus for the Aberdeen CSO:
  *DIA Regular AFDC Service $'s % = 100 * DIA Regular AFDC Service $ / Total $'s*

  *16.51% = 100 * $7,686,000 / $46,553,000*

Service Use among Groups of Clients

The NADB racial/ethnic codes for clients were built from information already included in the DSHS data sources; therefore, the accuracy of the ethnic/racial data used in this report can be no better than the accuracy of the data sources for that client. For details on the creation of a single racial/ethnic identifier for each client, see **Resolving Conflicts in Race/Ethnicity and Gender during Unduplication** in Appendix C.

The following racial/ethnic groups were used here and in all other NADB reports:

- Persons who were not Hispanic and were Asian, American Indian, Black or White
- Persons who were Hispanic regardless of any other ethnic category

Client age was calculated from the client's birth date and was the client's age as of January 1, 1992.

Confidentiality

Due to the sensitivity of some of the service information contained in the NADB Client Database, only staff performing unduplication and operational functions have access to data with personal identification information. The database was constructed to provide information on the patterns of service use and client characteristics for groups of clients, and not to report data at the client level.

To further protect client confidentiality, this report adopts the convention used by the US Census Bureau of rounding client counts to the nearest five for all cells. For example, if there were less than three clients receiving a specific service in a specific CSO catchment area, then this report reflects zero clients in that cell, even though there may be some associated costs. If there were three or more such clients, and less than eight, then this report displays five clients.

Related Reports

Similar county-level information on all programs in the Needs Assessment Database is available in the "DSHS County Data Report: Fiscal Year 1992", (#11-75). Additionally, City- and Census Designated Place-level information is available for 100 communities in the "DSHS Community Data Report: Fiscal Year 1992", (#11-78). Legislative District level information on all NADB programs is also available in the "DSHS Legislative District Data Report: Fiscal Year 1992", (#11-76).

Home Address of Clients

The primary question addressed in this report is "How are persons residing in CSO catchment area " A" using DSHS services?" To answer this question, we identified the CSO catchment area where the client lived while receiving each service. To do this a client's residential ZIP Code was determined using the method described in detail in Appendix D for each service the client received. Then, a CSO for the client's residence was assigned for each service based on this ZIP Code.

Converting ZIP Codes into CSO's was accomplished using a Geographic Information System to "overlay" CSO boundaries onto ZIP Code boundaries and census block boundaries. The proportion of a ZIP Code's poverty population which lived in each CSO catchment area was determined to the census block level. These proportions were then used to assign a client's service to a CSO based on the ZIP Code where the client lived.

In addition clients moved during the year, and they sometimes commuted between towns, receiving services in multiple places. This client mobility during the year was reflected by apportioning the clients. For example, if a client on Public Assistance lived within the Othello CSO catchment area for four months and within the Vancouver CSO catchment area for six months, 4/10 of that annual client use would be assigned to the Othello CSO, and 6/10 to the Vancouver CSO.

Programs and Divisions Included in the NADB Client Database

The following programs are included in this report, individually and as part of the division totals. The *DSHS Program Glossary* at the end of this report briefly describes the services each program provides, and details the smaller programs which were included in the division totals but not reported separately. In addition, the glossary notes the changes from the FY90 NADP reports in program groupings. For example the data reported as "Chore Services" has been expanded to include additional contracted in-home services.

Aging and Adult Services Administration (AASA): Adult Family Homes, Adult Protective Services, Case Management and Comprehensive Adult Assessment, Chore Services, Congregate Care Facilities (CCF), Nursing Homes, Personal Care Services.

Division of Alcohol and Substance Abuse (DASA): ADATSA Assessments, ADATSA Stipend, Detoxification, Methadone Treatment, Outpatient Treatment, Residential Treatment.

Division of Children and Family Services (DCFS): Adoption and Adoption Support, Child Protective Services, Employment and Training Child Care, Family Reconciliation Services, First Steps Social Services, Foster Care, Home Based Services, Interim Care Services, Group Care, Therapy Child Care.

Division of Developmental Disabilities (DDD): Assessments and Case Management; Community Residential Facilities; County Contracted Community Employment, Access, and Training Services; Family Support Services; Professional Support Services; Residential Habilitation Centers; Supplemental Community Support.

Division of Income Assistance (DIA): AFDC-Employable and FIP-Equivalent, AFDC-Regular and FIP-Equivalent, Aged-Blind-Disabled, Food Assistance, General Assistance Unemployable (GA-U) and Expedited Medicaid Disability (GA-X), Income Assistance Child Care, Job Opportunities and Basic Skills Training Program, Pregnancy Grants, Refugee Grants.

Division of Juvenile Rehabilitation (DJR): Community Placement; Parole; State Institutions and Youth Camps; Mental Health, Drugs, and Sex Offender Treatment.

Division of Refugee Assistance (DORA): CSO Intake and Case Management; Self Sufficiency Assessment, Planning, and Employment Services; English as a Second Language (ESL) Training; Unaccompanied Minors - Foster Care.

Division of Vocational Rehabilitation (DVR): Assess Job Skills, Supported Employment Case Management, Medical and Psychological Treatment, Personal Support Services, Placement Support Services (Work Support), Regular Case Management, Training-Education-Supplies.

Medical Assistance Administration (MAA): Dental Services, Early and Periodic Screening Diagnosis and Treatment (EPSDT), Emergency Room (Outpatient and Physician Care), Health Maintenance Organization (HMO) Fees, Hospital Inpatient Care, Hospital Outpatient Care, Medical Eligibiles Not Receiving Service, Medicare Part B, Other Medical Services, Physician and Clinic Services, Psychiatrists and Psychologists Services, Prescription Drugs.

Mental Health Division (MHD): Adult Residential Treatment Facilities, Case Management, Child Study and Treatment Center (CSTC), Crisis and Stabilization Services, Day Treatment, Intake and Evaluation in Community Mental Health Centers(CMHC), Involuntary Commitments to Community Hospitals (ITA), Medication Management, Outpatient Treatment, State Institutions.

Services Not Included in the NADB Client Database

The following services were not recorded in the NADB Client Database and were therefore counted in neither the client counts nor the total dollars for each division. Clients using these programs would only be counted if they also used a DSHS service listed on the previous page.

- DIA Consolidated Emergency Assistance Program (CEAP)
- DIA Funeral Internment Assistance
- DIA Telephone Assistance (Lifeline)
- Translators and American Sign Language Interpreters
- Area Agencies on Aging (AAA) Services
- DDD Early Childhood program
- DJR Consolidated Juvenile Services
- MHD Private Long-term Inpatient Facilities for Children
- MHD Community Evaluation and Treatment Facilities
- Office of Support Enforcement Assistance Avoidance
- Office of Support Enforcement Public Assistance Recovery
- AASA Respite Services
- DORA Health Screening
- Most DASA Child Care
- Information and Referral Services for the general public
- Public Education and Prevention

Services Included with Incomplete Dollars in the NADB Client Database

Total expenditures were not available for some services due to incomplete cost information. Examples of incomplete reporting include:

- Dollars lost due to incomplete reporting on automated databases
- An estimated 5% of all DIA grant payments due to one-time payments, corrections, and delayed entry in the automated data systems

Services Included with No Dollars in the NADB Client Database

Services for DDD Case Management and First Steps Social Services had no automated client level cost information available and are reported in the NADB Client Database with dollar costs of zero (see also Appendix B).

Significant Improvements as Compared with FY90 NADP Reports

There were a number of significant improvements in the processing of the FY92 NADB Client Database, including the following:

- Non-grant receiving clients were eliminated from the Aged, Blind or Disabled program. The FY90 NADP Client Database included such clients regardless of grant receiving status.

- An improved dollar allocation method was used for Health Maintenance Organizations (HMOs) and Medicare Part B premium payments in the FY92 NADB Client Database.

- An improved source for Medicaid client demographic data was used in the creation of the FY92 NADB Client Database. This improved information provided significantly more complete client identification data for clients over the age of 55 than were available during the creation of the FY90 NADP Client Database. Improved client identification data resulted in improved unduplication and lower client counts in the over 55 age groups at the agency level. This effect was most noticeable in the over 64 age groups.

Caution

Many year-to-year program changes are reported in the glossary at the end of this report. Please consult the glossary before comparing programs across years.

A Few Words About the Service Costs and Client Counts in the Data Tables

As explained in the Confidentiality Section, this report adopts the convention used by the US Census Bureau of rounding client counts to the nearest five for all cells. Thus if there were less than three clients receiving a specific service in a specific CSO catchment area then the report reflects zero clients in that cell. Similarly, since the service costs are rounded to thousands of dollars, a value less that $500 appears as zero in the tables. Because of these conventions, services costs may show some dollar amount even though the corresponding client count shows no clients; this indicates that only one or two clients were involved. Similarly, when low cost services are involved, the client count may be greater than zero, but the service costs may show as zero; this would indicate less than $500 total was attributed to that service for those clients.